

DOCUMENT RESUME

ED 184 187

CS 502 879

AUTHOR Makay, John J.
 TITLE Psychotherapy as a Rhetoric for Secular Grace.
 PUB DATE Nov 79
 NOTE 35p.: Paper presented at the Annual Meeting of the Speech Communication Association (65th, San Antonio, TX, November 10-13, 1979).

EDRS PRICE MF01/PC02 Plus Postage.
 DESCRIPTORS Discourse Analysis; Persuasive Discourse; *Psychotherapy; *Religion; *Rhetoric; *Speech Communication

ABSTRACT

The argument of this paper is that psychotherapy is essentially a rhetorical process that, as an alternative to or substitute for religious rhetoric, seeks to lead people to a secular state of grace. The paper first acknowledges the work of four scholars who have written about the rhetoric of psychotherapy: Erling Eng, Pedro Lain Entralgo, Lloyd Pettigrew, and Thomas S. Szasz. It next summarizes the idea of grace in both religious and psychiatric terms and then develops the idea that psychotherapeutic rhetoric is attractive because this is a psychological society in which numerous people seek a "stress free" life style. These three areas--the pertinent literature, the idea of grace, and the psychological society--are treated to provide the context and base for exploring therapeutic rhetoric as a response to a rhetorical situation, one governed in part by the use of three delineated strategies. (FL)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

PSYCHOTHERAPY AS A RHETORIC
FOR SECULAR GRACE

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

John J. Makay

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

John J. Makay

The Department of Communication

The Ohio State University

ED184187

CS582879

PSYCHOTHERAPY AS A RHETORIC FOR SECULAR GRACE

Achieving a state of grace has been the goal of Christians personally and collectively since Christianity began and the human process for the achievement of this goal has been rhetoric. From the pulpit to the dyadic encounter between the clergyperson and the troubled soul, suasive communication has attempted to create a response that encourages personal growth and freedom from disturbing symptoms such as feelings of guilt, alienation, and even physical distress. In our age, however, millions of people are turning from religion to secular ways to achieve some state of grace, so much so that Michael T. Malloy wrote, "Psychiatry is well on its way to replacing religion in America. . . Millions seek spiritual solace in weekly encounter groups instead of churches. Most important, 'sickness' is replacing sin in our vocabulary, and 'health' is replacing virtue. Society turns more and more to experts on sickness and health for answers about good and evil."¹

As society becomes increasingly psychological through the efforts of humans seeking solace and some sort of salvation, the scholar of rhetoric can find a rich area for study to increase her or his understanding of the process of human communication and the role of rhetoric in shaping society. To tap this rich area the rhetorician must give considerable attention to interpersonal rhetoric as well as public discourse.² Clearly, most rhetorical scholarship has focused on the latter rather than the former.

Furthermore, because minimal work is reported on psychotherapeutic rhetoric, this essay is one which aims in part at an exploration of psychotherapy as a popular as well as major rhetorical practice in contemporary life. There is a unique relationship between the aims of contemporary psychotherapy and the traditional goals of Christian religion so religionists as well as psychotherapists can profit from this study because both use rhetoric to satisfy the troubled person's need for some sort of grace.³

The need for personal satisfaction, health, a sense of fulfillment, peace of mind, and a general state of happiness is a need which goes to the central goals of applied theology and psychology. The widely read views of Thomas Harris who spread a gospel of "I'm O.K. and you're O.K.," a secular alternative to the Christian doctrine of original sin and divine salvation, might be expressed by the religionist as "I'm not O.K. and you're not O.K. and that's O.K."⁴ The Christian view of sinful personhood is heightened today by the born again state of grace claimed both by the President and the editor of Hustler, who were guided to their salvation by Ruth Carter Stapleton, whose rhetoric blends both fundamental theology and humanistic psychology, and by the Pittsburgh Steelers' Terry Bradshaw who reports he had a conversion experience while watching Monday Night Football.⁵

The Christian message reveals that whether persons are taught formally or informally, they are by nature persons vulnerable to a life with unsettled troubles and existential loneliness when they are unwilling to share both union and communion with God (whether Father, Mother, or Ground of Our Being) through Jesus Christ the propitiation to bridge the gap between imperfect finite person, and perfect infinite

God.⁶ The psychotherapist also teaches the troubled soul that she or he is by nature imperfect but to accept imperfection and transcend the errors of the self through change and continual work at personal autonomy and growth.⁷

Since the appearance of Freud and the practice of psychotherapy, the doctrine of original sin and the idea of the Fall of Man have been seriously challenged by secular experts on the imperfections of people. From Freud, Jung and Horney, to Rogers, Berne, Perles and Ellis the mind and spirit of Person, and the existence of the unconscious in relation to the conscious have been the focus for finding ways to settle troubled thoughts, feelings, and actions and deal with existential loneliness or personal unhappiness.⁸

Both the Christian and the psychotherapeutic rhetor work to bring about healing of the inner life that philosophers and religionists call the soul. This essay is not a place to argue whether a person has a soul that possesses personality, or whether there is not soul but only mind which is expressed through personality. The "inner self" with all of its characteristics, genetic, cognitive, and affective has generally been regarded by the religionist as soul and by the psychologist as mind.⁹ Some psychologists are like Erich Fromm, who, when speaking of psychoanalysis argues, that the analyst and the priest are both concerned about "the soul of Man and its cure" but that the psychoanalyst finds "that the question is not whether man returns to religion and believes in God¹⁰ but whether he lives love and thinks truth."

The religionist treasures the soul and believes God wills to have it healthy and safe and the psychologist also treasures it, as mind, and whether religious or not, seeks to help the client or patient to achieve

sound mental and emotional health and a life of normalcy. As the clergy-person might argue we are all sinners and perfection is actually unattainable, the psychotherapist might argue we are all anxious, unsettled, and different so that in reality there is no end state we can believe to be complete normalcy and self-actualization. Because the process for their discourse with a troubled person is rhetoric, an examination of psychotherapy as a substitute for religious therapy within our psychological society is warranted.

The theme of this essay is that psychotherapy is essentially a rhetorical process, which as an alternative to or a substitute for religious rhetoric, seeks to lead people to a secular state of grace. Rhetorical study centered in this theme can yield insights and claims to provoke scholarly dialogue among persons interested in the study of human communication, as well as psychology and religion.

First, the work of four scholars who have written about the rhetoric of psychotherapy is acknowledged because part of my purpose is to contribute to literature specifically aimed at showing rhetoric and psychotherapy to be uniquely interrelated. Secondly, the idea of grace is summarized in both religious and psychiatric terms because there is a striking similarity between the religious and the secular notions of grace. The rhetorical goals of both psychotherapeutic and religious persuasion have some sort of grace as the ultimate end state to achieve and experience for a satisfying life style. The religious idea of grace in my analysis is Christian, although in subsequent study I plan to specifically deal with similar ideas in other major religions.

Thirdly, I develop the idea that psychotherapeutic rhetoric is an especially attractive rhetoric because ours is, among other things, a

psychological society where millions of persons pursue a life style of normalcy which can appear to be a "stress-free illusion."¹¹ These foci, the pertinent literature, the idea of grace, the psychological society are treated to provide the context and base for exploring therapeutic rhetoric as a response to a rhetorical situation, one governed in part by the use of persuasive strategies.

Four scholars, in particular, provide the most pertinent ideas encouraging me to examine the rhetoric of psychotherapy: Erling Eng, Pedro Lain Entralgo, Lloyd Pettigrew, and Thomas S. Szasz.¹² Eng's essay seems far too brief to deal efficiently with these two domains in human communication. Eng sees the roots of psychotherapy anchored in classical rhetoric. Influenced by study of the works of Plato, Aristotle, and other Classicists, Eng views rhetoric as the influencing of the mind by the use of words not only in courts of law and other public gatherings but in private places too.¹³ No one in our field seems likely to dispute his observation, but only Entralgo has given considerable attention to therapy's roots in rhetoric.

Entralgo's work is the most extensive treatment of rhetoric and psychotherapy and a detailed analysis of the rhetoric of the Classical Period is provided. Entralgo's emphasis on the healing, almost magical power of words as rhetoric is an exhaustive study which provides both a base and a rationale for studying the rhetoric of contemporary psychotherapy.¹⁴

Pettigrew's attention is aimed at contemporary rhetoric and he professes the argument that psychoanalytic theory is a useful conceptual tool which can be of service in the study of rhetoric in its contemporary

context.¹⁵ He makes a reasonable case for the neglect of psychoanalytic theory in rhetoric, the rhetorical foundation of the psychoanalytic enterprise, and some specific contributions psychoanalytic theory can make to the study of rhetoric.

One could also entertain the notion that rhetorical theory can make contributions to the study of psychoanalysis. Thomas Szasz, apparently has such an idea in mind, for in his recent book The Myth of Psychotherapy, he argues forcefully that psychotherapy is actually a medical metaphor for rhetoric, as well as religion, and repression.¹⁶ In treating psychotherapy as rhetoric Szasz goes to Aristotle, Plato, and Richard Weaver for theory to explain the rhetorical reality of the "talking cure."

Szasz develops his argument that the term psychotherapy is actually a medical metaphor for rhetoric, religion, and repression, and he also implies that there may be something wrong with psychotherapy because it is generally a "base rhetoric."¹⁷ If Szasz is correct that most psychotherapy is base rhetoric, then the process is objectionable. But there is, I suspect, a significant number of psychotherapists who are engaging in rhetoric at its best, and they are persons who genuinely seek to communicate rhetorically with care, integrity, substance, and skill. Szasz seems willing to confirm this sort of rhetoric is possible when he praises Martin Luther's view of the "curing of souls," and then states:

. . . that genuine psychotherapy--uncoerced and nonritualized, as religion or as rhetoric--is, as Luther put it, a cure without an equal for distressed consciences. But the despotism and extortion of institutional psychiatry and of the organized schools of psychotherapy are abominations comparable to the selling of indulgences.¹⁸

With interpersonal rhetoric, as in public discourse, the intent, quality, and effects are going to appear quite different if one carefully criticizes a variety of rhetorical situations using psychotherapy. Martin Gross even argues (based largely on his interpretation of some research) that psychotherapy has largely failed.¹⁹ This essay is not the place to support or reject his argument, but we cannot ignore Gross's reasons and similar criticism. In fact, the cases against psychotherapy should inspire the rhetorician in the academic setting, to significantly explore the nature, substance, quality, and effects of psychotherapy with a variety of research methodologies and perspectives.

Currently, it is especially hard to evaluate the quality of the rhetoric of psychotherapy because the quantity of persons facing the psychological rhetor seems massive in the context of our psychological society.

The State of Grace

The end state sought by the troubled soul or mind is a State of Grace which to the Christian therapist is fundamentally the acceptance of the love of God and eternal life through Jesus Christ. One has but to turn to the words of Billy Graham or Robert Fuller for an elaboration of fundamentalist definitions of grace, while liberal theologians like Malcolm Boyd elaborate quite broadly about what grace is.²⁰ For example, Georgia Harkness speaks of grace as "an experience in which one feels that light and strength and the joy of victory over temptation flow into his life from God. Submitting one's life in confident assurance to God, obedient as far as one is able but still unable to master himself, one feels lifted by a power not his own. A sensitive Christian never ceases to wonder at the mystery and marvel of inflowing power that comes, all undeserved, from

God's gracious love."²¹ Here one finds a new life, in spite of one's sin. Or as the psychotherapist might say, one finds new health and freedom from one's sickness.

How does the Christian view of grace, compare with the secular view? One which perhaps summarizes the psychotherapists view is found in the writing of psychoanalyst Theodore Rubin.²² He describes for us "a state of mind in which benevolence reigns supreme and in which a State of Grace is established within ourselves. This state of grace is antithetical to the promotion of "self hate" so that "being responsible for ourselves and taking good care of ourselves without guilt or other forms of self hate take precedence over other activities."²³ So both the clergyperson and the psychotherapist aim to have the troubled person achieve a kind of salvation which results in the healthy growth of "self." The attractiveness of the psychotherapists guide to grace, for the millions who seek it, is in part the secular freedom for changing a lifestyle, without the conditions and commitment necessary for Christian salvation. The psychotherapist's offering of some state we can call Grace places the responsibility for change with the troubled mind rather than having the person let God take over upon putting on the Christian cloak. For the therapist and client the rhetoric urges self-compassion and ways of achieving it while going through change.

Though it could seem that these two different states of grace result from considerably different ways of dealing with one's inner life, a close examination suggests quite the opposite. Historically, for example, religion and psychotherapy share a unique relationship, in that public morality expected first religion and then psychiatrists to save normal society from deviants, witches, and madmen who apparently threatened

societal health.²⁴ We see the same expectation today depicted in the play "Equus" where the supposedly contented and adjusted psychiatrist, Martin Dysart, is urged to remove the pain of an apparently crazy young boy, Alan Strang, who the court felt maddeningly destroyed six horses without apparent cause. Rather than remove him from society to a dingy place in prison the psychiatrist used therapeutic rhetoric to bring about meaning in explaining the crime and to change the boy's life.²⁵ Alan was eventually brought to a state of grace, one which was apparently unattainable through the lad's religious experiences with Christianity.

Had he sought religious therapy for his troubled soul, the rhetoric would have claimed he would find an outpouring of the love of God, a release from empty living, with its feelings of alienation, guilt, and both emotional and, at times, physical pains. Of course such a state of freedom and release is not without conditions, for to the lost soul who finds salvation through Christian rhetoric he can only sustain that state of grace through a Christian commitment and a changing lifestyle as revealed in subsequent religious behavior. A similar emotional and physical achievement is also offered to people through the rhetoric from a variety of psychotherapies. The grace is, of course, sought by interpersonal rhetoric. Our society today seems to be characterized by a mass of people who, like Alan Strang, seek answers and turn either to new or old therapies for their search for peace and meaning.²⁶ Frank contends, "the goal of therapy, rather than helping the patient to adjust to a sick society, is to help him find his personal salvation through fully experiencing his own inner world. Therapy becomes a search for redemptive peak experiences that give meaning to existence."²⁷

The Psychological Society

Although religion and religious freedom are part of the foundation and life blood of our country, we know increasingly our society has come to look at science and technology for support systems for both physical and emotional well being. And with the complexities, constraints, demands and expectations millions of Americans face in fulfilling their various roles comes the most prevailing and threatening devil of the 1970's and 80's--stress and its companions, confusion, guilt, ambivalence, and tension signals including headaches, periodic hyperventilation, ulcers, hypertension, and other modern day maladies.²⁸

So many people have been seeking professional help that a President's Commission on Mental Health found it appropriate to report that 1 in 4 Americans need some sort of therapeutic treatment,²⁹ and if we look carefully we may see that many of our friends and students seem to be working with someone in the helping professions. "In all some six million Americans each year receive psychotherapy in clinics and hospitals or from private therapists.³⁰ Martin Gross looks at what he names "the growing legions of lay therapists who offer a psychological inventory from EST (Erhart Training Seminars) to primal workshops and encounter."³¹ Gross estimates these therapists treat another million people, suggesting then that a "total of seven million . . . receive psychological intervention annually."³²

What forms of psychological intervention are being used by this massive population? Apparently there are a multitude of forms from psychoanalysis to simple supportive therapy, in groups or alone. There also are the humanistic therapies ranging from the "here-and-now" Gestalt therapy of Fritz Perls to the nude marathon groups offered by radical

paraprofessionals. As Gross reminds us, "We are offered almost a hundred different psychotherapies for every healing taste. Each proclaims a somewhat different method, sworn to be the superior key"³³ And Gross has also found that "in the flurry of new techniques from Transactional Analysis to Primal Scream, it is easy to lose sight of the fact that psychodynamic theory, the off shoot of Freud and neo-Freudians, still predominates as the prestigious, establishment therapy of the Psychological Society. According to Gross:

Unquestionably most patients now scream, touch, feel, jump, play, strip, and tickle their way toward emotional perfection. But the traditional insight therapy, in which therapist and patient, at \$20 to \$100 an hour, try to struggle through childhood complexes and dense mechanisms to find out 'why' is still what most people call psychotherapy.³⁴

The insight therapy, most frequently named "psychodynamic therapy" is analytic in theory and approach. Dorothy Tennor, in Psychotherapy the Hazardous Cure provides a clear explanation of this most established theory:

Insight, or psychodynamic, psychotherapists assume causation to lie within the patient; they utilize emotional response of the patient to the therapy relationship; and they expect that improvement will result from a developing comprehension of the underlying dynamics of her personality. This process comes through more or less 'non directive' interviews in the therapist's office in which the therapist offers little or no direct advice and it is usually up to the patient to bring forth 'material' for examination. The therapist's job is to understand the patient better than she understands herself,

and then guide her to self-knowledge, usually by developing interpretations and eventually communicating them to her. Acceptance and recognition of her own previously unconscious processes is, if not a cure in itself, a major step on the way to 'recovery'.³⁵

Psychodynamic therapy is also extended into the group setting where five to nine people usually work together for insight in thoughts, feelings, and overt behavior while the analyst periodically enters the group process to offer psychodynamic interpretations of various problems shared by individuals.³⁶ The therapist may also begin a dyadic encounter, analytically structured, for the benefit of not only another patient but for all members of the group, who act as audience. The psychodynamic group is lead by a neo-Freudian psychoanalyst. The analyst can be regarded as a secular priest who is working to cure the mind and its adverse responses within the body much like the clergyperson who is working to cure the soul and perhaps its adverse responses within the body.³⁷

Even though we see evidence of religious revival across the country,³⁸ and certainly churches have not disappeared in great numbers from cities, towns, and countrysides, Gross also argues that the Judeo-Christian Society seems to have a new religion in modern psychology.³⁹ Assuming the educated person largely has lost faith in formal religion, she or he needs a "substitute belief" that would be as reputable in the last half of the Twentieth Century as Christianity was in the first. Psychology and psychiatry have now assumed that special role. They offer mass belief, a promise of a better future, opportunity for confession, unseen mystical workings, and a trained ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~thod~~ ^{thod} of helping professionals devoted to servicing the paying-by-the-hour communicants.⁴⁰ Perhaps even the

traditional idea of sin is obsolete so that the medical, psychological concept of "sick," with its derivative labels of "emotionally disturbed" or "neurotic" are new substitutes. We do know that there is a decline in the ministry today, somewhat off-set by the entry of women into the profession of clergypersons, and we also know that clergypersons are seeking training in psychotherapy, counseling, and human relations, while psychotherapists, as secular priests, do not appear to be seeking training in religion. Gross claims: "Psychology has moved swiftly to fill the power vacuums in such declining disciplines as the ministry. Freud's atheistic ideas have paradoxically been used to bulwark the dwindling belief in an anthropomorphic God. Ministers, priests, and rabbis now flock to courses in pastoral counseling, making many members of the cloth seem more Freudian than Christian. The Union Theological Seminary, in collaboration with a New York group center (G.R.O.W.), has offered a certified program in human relations education, a watered down psychotherapy skill.⁴¹

Assuredly, the clergyperson armed with some sort of therapeutic skills still seeks to cure and save the soul while the psychotherapist through skillful talk seeks to cure and save the mind.

Why people change from applied theology to psychotherapy to achieve peace and freedom is a question answered in part by Jay Haley. He claims that Western theological explanations of why a person changed a distressing way of life rested on the premise that change took place because of a shift in the person's relationship with a deity, and a religious leader acted as the rhetorical agent in this process.⁴² With a shift to secular therapy Haley reasons an assumption developed coincident with ideas of the rational person; that the individual changes when one gains a greater understanding of oneself. The psychotherapist rather than the agent of

God is thus regarded as the person that the troubled person turns to in order to find relief and freedom. Such a person was taught that essentially she or he had arranged life poorly and, through therapeutic rhetoric would come personal change, in a sense corrections and reorganization in thought, feelings, and actions led to being made whole.

Within the psychological society neither the secular healer or the healed name the process which they rely upon as rhetoric (with the exception of Eng, Entralgo and Szasz). But the more the student studies the theories, principles and techniques of rhetoric, the psychotherapist is armed with, the more he or she cannot avoid admitting that the therapeutic epistemology, conceptual framework, and implementation add up to what we have investigated and developed for centuries--rhetoric.

The Rhetoric of Psychotherapy

Not unlike the word "communication" the term "rhetoric" we know is one hosting such a number of meanings that definition can be difficult. Contemporary scholars describe rhetoric in ways which provide insight into the rhetoric of psychotherapy. This brand of rhetoric, when given scholarly attention by rhetoricians, can help to shift and expand our almost exclusive focus on the rhetoric of public discourse.

The rhetoric of psychotherapy differs significantly from public discourse in at least three major ways: message form, communication roles, and rhetorical timing. Neither therapist nor client is fully certain of what is to exactly unfold in a therapy session though certain themes and features of a client's problems may be thought about in advance. The rhetor-audience roles shift back and forth in dialogue so that first the therapist is speaker and the client is audience, and the reverse. And usually the discourse takes place in fifty to sixty minute segments over

a period of weeks, months, or years until the therapy is finished or terminated by one or both communicators. Although the roles shift back and forth during therapy, the primary rhetor is the psychotherapist because he or she uses persuasive strategies to move the troubled client to a state of secular grace, a state which is the rhetorical (therapeutic) objective for success.

There is, in successful therapy, a belief to be held, one that is created within the client perhaps expressed most typically as "I can be healed, I can win, I can find happiness, I have the power," with of course, the help of the psychotherapist and her or his rhetoric.

Without question, then, much of the success achieved in psychotherapy depends upon the degree of faith in, or belief in, both the therapist and his or her rhetorical power as well as the client's own self-belief in personal change and good health. As in the practice of religious therapy, psychotherapy is directed toward helping the "alienated audience" to "believe in" or "have faith" that a much better life is possible. Timing can be a crucial factor for therapeutic rhetoric is aided by the "readiness" of a client to place his or her trust in the therapist. Put another way genuine rhetorical situation for one seeking therapy must be instrumental in motivating a client to seek therapeutic rhetoric.

Psychotherapy: Response to a Rhetorical Situation

Lloyd Bitzer, with considerable success, called our attention to rhetoric as situational, but as Golden later noted, "the Bitzer analysis is primarily that of a public speaker. Golden demonstrated how a "social movement is similarly an essential element of a rhetorical situation. Most recently, Phillips and Metzger adapted Bitzer's idea to interpersonal rhetorical situations.⁴³ My contention here is that a fitting response to

a rhetorical situation is not only provided by public discourse, collective behavior, or even the intimate communication of friendship, but it can be a highly personal, intense, and private rhetoric most evident in psychotherapy.

The rhetorical situation which calls for psychotherapy can be illustrated by the remark a woman recently made: "All I know is I needed help badly, and the only place I knew to turn to was here." She came to the therapist seeking treatment as a fitting response to the urgency which put her in a state of panic.⁴⁴

Clearly the interpersonal rhetoric of psychotherapy (and healing religion) exists because of a rhetorical situation the sufferer faces. The "sick" or "sinner" as audience believes his or her life is marked by an exigence, with both clear and ambiguous constraints, and there is an urgent need for therapeutic rhetoric.

One taking Bitzer's view in a narrow sense could argue the message recipient needs to feel the exigence from the rhetor if he or she is to act. However, expanding beyond this interpretation, psychotherapy shows us that the exigence is personal to the client and as the therapist enters into the client's assumptive world his or her rhetorical efforts become instrumental in dealing with the exigence.

Phillips and Metzger contend "'exigence' or the impulse to speak originates in the individual's perception of how a given situation involving a particular person can help fulfill his goals."⁴⁵ The client is involved in a personal rhetorical situation and the therapist is prepared to enter into the situation as a helper to help the client set and achieve goals.

To further illustrate this discussion, picture a lonely man who one day discovers he is unable to cope with life's expectations,

responsibilities, and demands, as he perceives them. His ability to concentrate is weakened by fatigue and distracting feelings; his body though seemingly exhausted is at the same time tense; his view of the world around him seems to be a color of gray, he trembles as he deals with people, and he finds himself avoiding contact with others as much as possible. This description is fairly typical of the person who needs a special kind of talk to help him change his life--the talk is interpersonal rhetoric, and it is called for because of a rhetorical situation. The fitting response sought by this person is relief from stress, a brighter color for what is seen and brought into the mind's outlook; an explanation for the problem; an appropriate cure or solution. In a word this person wants and needs some sort of salvation, and he may choose one or two, if not both kinds of contemporary rhetoricians to help him--a clergyperson advocating a religious state of grace or a psychotherapist offering a secular one. A person's decision to seek therapeutic rhetoric is based mainly upon the urgency of the exigence and the probability that the exigence is rhetorical; change can result from talking and subsequent action.

In any rhetorical situation there will be at least one controlling exigence which functions as the organizing principle; "it specifies the audience to be addressed and the change to be effected."⁴⁶ In the interpersonal setting the audience initially is the professional helper but as reciprocal transactions and interactions take place the helper and the helpee become audience to each other and the changes to be effected evolve as goals set in an effort to bring the helpee to her or his state of grace whether secular, religious or both.

In the rhetorical dialogue which develops the constraints in analysis

become increasingly apparent, the constraints from both helper and helpee. Constraints, are "made up of persons, events, objects, and relations which are parts of the situation because they have the power to constrain decision and action needed to modify the exigence."⁴⁷ Because the exigence is the experience brought by the troubled person, he or she introduces almost all of the constraints affecting dialogue while those of the psychotherapist are usually restricted to her or his psychological orientation, time allotment, cost, and commitment to short term or long term therapy. Other constraints come from the life experience and social knowledge of the client.

For example, imagine a woman midway through her thirties who became extremely tense to the point of experiencing neuromuscular tension so acute she could not function in her home or in settings outside. After visiting several physicians she could not obtain an observable medical answer to her problem. Her upbringing created attitudes and beliefs which were negative about psychiatric help, and her husband could not understand why she could not simply rely on rest and talking to him. Seeing a "shrink" to him was an unacceptable weakness. Depression and increased anxiety finally provided the motivation for her to begin work with a psychotherapist, and when she sought a therapeutic response, it was with a number of constraints that made the rhetorical challenge for her and the therapist extremely difficult in the initial sessions. Moreover, his fee of sixty-five dollars an hour at first made the therapy even more burdensome for her. In this case the rhetorical situation was so extremely urgent and demanding of a healing response that she worked through with the therapist all of the constraints so that the rhetoric led to change and she eventually created a healthy state of being.

What sort of transaction worked rhetorically to respond to the needs of this anxious person. Szasz describes clearly what usually takes place.

In plain language, what do patient and psychotherapist actually do? They speak and listen to each other. What do they speak about? Narrowly put, the patient speaks about the patient. In a broader sense, however, both also speak about other persons and about various matters of concern to their lives. The point is that each tries to move (persuade) the other to see or do things in a certain way. That is what qualifies their actions as fundamentally rhetorical. If the psychotherapist and his patient were not rhetoricians, they could not engage in the activity we now conventionally call psychotherapy.⁴⁸

Essentially the talk involves cathartic expressiveness from the client and interpretative suggestions from the therapist. The dialogic characteristics cited by Johannesen, Stewart, and others frequently pervade the therapist's attitude and orientation toward working with a client.⁴⁹ In addition three persuasive strategies for the client's achieving success are typically employed with persistence by the therapist over an extended period of time.

Major Persuasive Strategies

Recognizing that a client's need to believe, a sense of alienation, and "readiness" to be persuaded are essential to obtaining secular grace through therapeutic rhetoric, the role of persuasion and strategy become apparent. Jerome Frank makes this point abundantly clear in his work and, in fact, argues that often psychotherapists "underestimate the extent to which psychotherapy is a process of persuasion."⁵⁰ My own analysis suggests

that this rhetoric involves at least three carefully orchestrated (often subtle) strategies:⁵¹

1. Strategy A: The client is to internalize affectively and cognitively directive and non-directive messages in ways which significantly alter primitive beliefs.
2. Strategy B: The client must identify, confront, and understand affective behaviors which influence the cognitive processing and somatic responses resulting in neurotic (or other pathological) internal/external activity.
3. Strategy C: The client must positively act upon inferential statements agreed upon with the therapist and resulting response to Strategies A and B.

An exploration into the rhetoric of psychotherapy can profit from naming these strategies and viewing their persuasive intent. Successful therapy is likely to be achieved if the strategies work in achieving most source-desired aims.

Strategy A - The client is to internalize affectively and cognitively both directive and non-directive messages in ways which significantly alter primitive beliefs. Milton Rokeach has written exhaustively on the subject of beliefs and he defines belief as a 'simple proposition', conscious or unconscious, capable of being preceded by the phrase, 'I believe that'⁵² A centrality-peripherality model of beliefs is provided by Rokeach who explains five types of beliefs, ranging from those seldom changed to those not difficult to alter.

The alienated auditor the psychotherapist faces usually has problems lodged in her or his primitive beliefs and the ways he or she decodes the world and interacts with others in it.

The strategy of the rhetor is arrived at by linking the client's sense of self (symbolized in statements beginning with "you") to a sense of personal responsibility for altering the belief system. In order to do this rhetorically the therapist usually uses carefully chosen words and nonverbal expressions as messages to move the client to change beliefs and at the same time to heighten his or her own ethos by appealing to what Rokeach identifies as the authority belief, those beliefs derived from authorities. Usually successful therapy depends on the therapist's ability to establish high credibility and a sense of trust through talk and listening so that indirect suggestions and direct advice can persuade the client to alter primitive beliefs. The primitive beliefs, those learned through direct experience, supported by social consensus, and those which depend not on social consensus but deep personal experience, are the target to identify and aim for if therapeutic change is to result. For instance, a person who has grown up with religious training and strong childhood personal experiences with God is not easily going to give up his or her beliefs and the moral system they dominate in what psychoanalysts refer to as the superego. However, if at stages of life these primitive beliefs create dissonance and neurotic impulse when confronted by conflicting feelings and desires, intrapersonal problems result which may require psychotherapeutic rhetoric if they are to be resolved.

The primary focus of therapeutic rhetoric is on the client's personality in terms of his or her lack of understanding about casual variables internally meshed in self conflict as well as external conflict. Therapists repetitively stress the word you in an effort to have the client's self-perception penetrate confusing defense mechanisms of self-avoidance and outward focus, where both create a faulty assumptive world as symbolic

reality. The therapist implicitly understands that any real change that is creative comes through self-power, that part of the self Norman Cousins refers to as "the doctor within."⁵³

Strategy B: The client is to identify, confront, and understand affective behaviors which influence cognitive processing and somatic responses resulting in neurotic (or other pathological) activity.

The contemporary psychotherapist does not consciously plan to employ the rules for practical reasoning found in our textbooks and manuals on rhetoric. Indeed the rules neurotic persons have spent their lifetime weaving into the fabric of their selves are what psychotherapists try to get their clients to unravel and change.

The strategy of the therapist is to bring the troubled client into a personal confrontation with the "irrational self" the feelings and emotions the client has neither identified nor confronted effectively.⁵⁴

The therapist sends a series of verbal and nonverbal messages to bring the client into a self confrontation with "the irrational self," bringing then life unconscious to the client into consciousness. By continually directing interrogative statements at the client, the psychotherapist can move the client to confront his or her feelings. Just as rhetoricians and communication theorists have given primary attention in persuasion to "attitudes" and "attitude" change, the psychotherapist gives primary attention to emotions, encapsulated in the question "How do you feel? One noticable exception, is Albert Ellis who, as the founder of Rational-Emotive therapy, has found success using a psychologically oriented system of reasoning where feelings seem less important than

beliefs. Ellis has his clients substituting rational beliefs for irrational ones.⁵⁵

Clinical studies give evidence to the claim that the strategy of feelings is generally an effective one. A distressed person's thoughts, logically about "what is" or "should be" are in extremely serious conflict with what he or she feels.⁵⁶ Feelings become such an inner force at the core of thought processes that neuroses often accompanied by physical distress occurs.⁵⁷ To eliminate the distress a rhetoric marked by formal logic seems insufficient, and instead one almost totally concerned with emotions seems to guide the fitting response to the therapeutic fereting out of conflict in the rhetorical situation. Additionally, when there is a trusting relationship between the therapist and client, and when the ethos of the therapist is strong, the client can find the courage for a struggle in facing his or her affective inner life.⁵⁸ The therapist unconditionally and dialogically persuades the client that he or she is not alone--both will make this psychic journey together.

The psychotherapist's strategy repetitively uses the term "feeling."⁵⁹ Questions often begin with the probe "How do you feel?" or "What's going on with your feelings?" Interpretations by the therapist of the client's verbal and nonverbal behavior may be headed with statements such as "I think you feel Your feelings really project

Thus, in therapy over and over the primary rhetor uses the themes of "How do you feel about this?" "What's going on with your feelings?" "How did you feel when . . . ?" are managed as questions asked from the primary rhetor to persuade the alienated auditor to examine and get in touch with feelings. Understanding feelings, before any systematically developed statements are advanced is essential to achieve a rhetorical goal.

Strategy C: The client can positively act upon inferential statements agreed upon with the therapist and resulting as response to strategies A and B.

Usually insight by itself is insufficient to bring about change in a client's life, so some positive action is taken to explore and experiment with change. Some actions are inspired by the advisory rhetoric of the psychotherapist to show the alienated auditor there are solutions to the problem.

The rhetorical focus of therapeutic rhetoric is aimed at the client's responsibility to go out and act and he or she needs the discourse as inner statements, not unlike neon signs, flashing within the self to guide, goad and reinforce the client's attack on neurotic impulses and defense statements which fight the ability to feel and act differently. Secular grace does not arrive by a mysterious feeling of peace at the end of psychotherapeutic treatment but by working to achieve new life by acting upon new statements agreed upon in therapeutic sessions.

The successful rhetorical discourse implicitly and explicitly lets the client know what he or she must actually do. In some instances a form of homework is assigned by the therapist or a contract is made between the therapist and the client. They arrive at statements suggesting what a patient must do, and a host of alternatives can be available. Glasser's reality therapy has specific goals with homework assignments, Ellis' Reality therapy directs the client to achieve a certain task after a therapy session is finished, and Milton Erikson's "uncommon therapy" directs patients to try unusual acts which have resulted in positive changes.⁶⁰

To know that a terror of being close to a person of the opposite sex

is an acquired terror resulting from particular distressing childhood experiences or that a phobic reaction to birds is based in a specific trauma early in life is important information to the troubled person. Yet the interpretations and influences can leave the client unfulfilled unless specific tasks or behavior modification assignments are carried out. We have known for years that different overt behaviors and environments affect change within persons, and successful therapy as successful religious persuasion, depends upon such action.

Thus, if the psychotherapist as primary rhetor can persuade the client that she or he is the only one who can change their life, that to do this feelings must be recognized and understood, and that acts must follow insight, then the rhetorical goal can be met. The client who actually achieves secular grace is one who finds a sense of power within the self and new ways to act become both satisfying and healthy.⁶¹

There is confusion and contradiction among the scholars and practitioners of psychotherapy about the quality and success of psychotherapy. Because psychotherapy is essentially a practical discourse which is largely persuasive, perhaps the rhetorical scholar can serve to help sort out the confusion and explain the contradictions. Certainly we do not claim to be specialized in theories of personality and personality disorders but we are specialists in the ways people deal with each other through private and public discourse in all sorts of settings. Karl Wallace's words echo the challenge for us when we read, "The adviser and counsellor, the psychiatrist and physician can profit from the rhetorician's art. Wherever, whenever, and however men communicate there is likely to be a marked rhetorical ingredient, and in the understanding and evaluation of the artifacts of communication rhetoricians are likely to be useful."⁶²

FOOTNOTES

¹Michael T. Malloy, "It's the Old-Time Religion, Shrinks Become Pastors to 'Sick' Congregations," The National Observer, May 26, 1973, p. 1.

²Gerald M. Phillips and Nancy J. Metzger, Intimate Communication. Boston: Allyn & Bacon, Inc., 1976. Part One of this book, "Introduction to Interpersonal Rhetoric," makes a cogent argument for using rhetorical theory in developing a theory of intimate communication. See also Barbara F. Sharf, "Rhetorical Analysis of Nonpublic Discourse," Communication Quarterly, Summer, 1979, pp. 22-25.

³See for example Erich Fromm, Psychoanalysis and Religion. New York: Bantam Books, 1967; C. G. Jung, Psychology and Religion. New Haven: Yale University Press, 1938; David E. Roberts, Psychotherapy and a Christian View. New York: Charles Scribner's Sons, 1950.

⁴Thomas Harris, M.D., I'm O.K. You're O.K.: A Practical Guide to Transactional Analysis. New York: Harper & Row Publishers, 1967.

⁵See "Hustling for the Lord," Newsweek, December 5, 1977, p. 61; "Sister Ruth," Newsweek, July 17, 1978, pp. 59-66; "Interview with Terry Bradshaw," Playboy Magazine, March, 1980, p. 64.

⁶The doctrine of propitiation is a basic Christian belief, see for example Georgia Harkness, Foundations of Christian Knowledge. New York: Abington Press, 1955, p. 102.

⁷Examples abound in the literature of psychotherapy; for some illustration see Albert Ellis, Ph.D., Humanistic Psychotherapy: The Rational-Emotive Approach. New York: The Julian Press, Inc., 1973; Carl Rogers, On Becoming a Person. New York: Houghton Mifflin Company, 1961; and

David G. Martin, Introduction to Psychotherapy. Belmont, California: Brooks/Cole Publishing Company, 1971.

⁸Eric Berne, Beyond Games and Scripts. New York: Grove Press, 1976; Albert Ellis, Humanistic Psychotherapy; Calvin S. Hall, A Freudian Primer. New York: The World Publishing Company, 1954; Karen Horney, M.D. The Neurotic Personality of Our Time. New York: The W. W. Norton Company, Inc., 1937; C. G. Jung, Modern Man in Search of a Soul. New York: Harcourt, Brace, & World, 1933; Frederick Perls, Ralph Hefferline, Paul Goodman, Gestalt Therapy. New York: Dell Publishing Company, Inc., 1951; Carl Rogers, On Becoming a Person.

⁹C. G. Jung, Modern Man in Search of a Soul.

¹⁰Erich Fromm, Psychoanalysis and Religion, p. 9.

¹¹The term "psychological society," is used as described in Martin L. Gross, The Psychological Society: A Critical Analysis of Psychiatry, Psychotherapy, Psychoanalysis and the Psychological Revolution. New York: Random House, 1978.

¹²Erling Eng, "Ancient Rhetoric and Modern Psychotherapy," Psychotherapy and Psychosomatics, 24, 1974, pp. 493-496; Pedro Lain Entralgo, Therapy of the Word in Classical Antiquity. Edited by L. V. Rather and John M. Sharp. New Haven: Yale University Press, 1970; Lloyd Pettigrew, "Psychoanalytic Theory: A Neglected Rhetorical Dimension," Philosophy and Rhetoric, Winter, 1977, pp. 46-59; Thomas S. Szasz, The Myth of Psychotherapy: Mental Healing as Religion, Rhetoric, and Repression. New York: Anchor Press/Doubleday, 1978. For a critical review of Szasz' other work see pp. 104-106, The Quarterly Journal of Speech, February, 1977, where Richard E. Vatz and Trevor Milia review: (1) Heresies, New York:

Anchor Press/Doubleday, 1976, (2) The Second Sin, New York: Anchor Press/Doubleday, 1973, (3) The Manufacture of Madness, New York: Harper & Row, 1970, and (4) The Myth of Mental Illness, New York: Harper & Row, 1961.

¹³Erling Eng, "Ancient Rhetoric and Modern Psychotherapy," p. 493.

¹⁴Pedro Lain Entralgo, Therapy of the Word, p. 32.

¹⁵Lloyd, Pettigrew, "Psychoanalytic Theory: A Neglected Rhetorical Dimension," p. 46.

¹⁶Thomas Szasz, The Myth of Psychotherapy, pp. 1-10.

¹⁷Thomas Szasz, The Myth of Psychotherapy, pp. 124-137.

¹⁸Thomas Szasz, The Myth of Psychotherapy, p. 36.

¹⁹Martin Gross, The Psychological Society, Chapter Two, "The Fallacy of Psychotherapy," pp. 18-54.

²⁰See for example Billy Graham, The Challenge: Sermons from Madison Square Garden. New York: Doubleday & Company, Inc., 1969; Malcolm Boyd, Christian: Its Meaning in an Age of Future Shock. New York: Hawthorne Books, Inc., 1975.

²¹Georgia Harkness, The Foundations of Christian Knowledge. New York: Abington Press, 1955, p. 102.

²²Theodore Isaac Rubin, M.D., Compassion and Self-Hate: Alternative to Despair. New York: David McKay Company, Inc., p. 139.

²³Theodore Isaac Rubin, Compassion and Self-Hate, p. 139.

²⁴Thomas Szasz, M.D., The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement. New York: Harper Colophon Books, 1970.

- ²⁵Peter Shaffer, Equus. New York: Penguin Books, 1977.
- ²⁶Martin Gross, The Psychological Society, p. 6, and Michael T. Malloy, "It's Old-Time Religion, Shrinks Become Pastors to 'Sick' Congregations," p. 1.
- ²⁷Jerome Franks, Persuasion and Healing: A Comparative Study of Psychotherapy. Baltimore: John Hopkins University Press, 1973, p. 202.
- ²⁸Herbert Benson, M.D. The Relaxation Response. New York: William Morrow and Company, Inc., 1975, pp. 12-13.
- ²⁹Martin Gross, The Psychological Society, p. 8.
- ³⁰Martin Gross, The Psychological Society, p. 8.
- ³¹Martin Gross, The Psychological Society, p. 21.
- ³²Martin Gross, The Psychological Society, p. 7.
- ³³Martin Gross, The Psychological Society, p. 21.
- ³⁴Martin Gross, The Psychological Society, p. 21.
- ³⁵Doroth Tennor, Psychotherapy: The Hazardous Cure. New York: Anchor Press/Doubleday, 1976, p. 1.
- ³⁶A Consumer's Guide to Group Psychotherapy. American Group Psychotherapy Associates, Inc., New York, 1976.
- ³⁷Michael T. Malloy, "It's Old-Time Religion, Shrinks Become Pastors to 'Sick' Congregations," p. 1.
- ³⁸Gary Willis, "What Religious Revival?" Psychology Today, April, 1978, pp. 74-81.
- ³⁹Martin Gross, The Psychological Society, p. 13.
- ⁴⁰Martin Gross, The Psychological Society, p. 45.

⁴¹ Martin Gross, The Psychological Society, p. 11.

⁴² Jay Haley, Strategies of Psychotherapy. New York: Grune & Stratton, 1963, p. 1.

⁴³ Lloyd Bitzer, "The Rhetorical Situation," Philosophy and Rhetoric, 1, 1968, pp. 1-14. My references come from this essay as reprinted in Douglas Ehninger, Contemporary Rhetoric: A Reader's Coursebook. Glenview, Illinois: Scott, Foresman and Company, 1972, pp. 39-48; James L. Golden, "Social Movements as Rhetorical Situations," paper presented at the Speech Communication Annual Meeting, December 1975; Gerald Phillips and Nancy Metzger, Intimate Communication, pp. 63-97.

⁴⁴ The remark was made in this writer's presence in 1978, when he was working as a member of a para-analytic group.

⁴⁵ Gerald Phillips and Nancy Metzger, Intimate Communication, p. 63. See also Barbara F. Sharp, p. 23.

⁴⁶ Lloyd Bitzer, "The Rhetorical Situation," p. 43.

⁴⁷ Lloyd Bitzer, "The Rhetorical Situation," p. 44.

⁴⁸ Thomas Szasz, The Myth of Psychotherapy, p. 11.

⁴⁹ Richard L. Johannesen, "The Emerging Concept of Communication As Dialogue," The Quarterly Journal of Speech, 57 (1971), pp. 373-382; John Stewart, "Foundations of Dialogic Communication," The Quarterly Journal of Speech, 64 (1978), pp. 183-201; John Poulakos, "The Components of Dialogue," Western Speech, Summer (1974), pp. 199-212.

⁵⁰ Jerome Frank, Persuasion and Healing, p. 322.

⁵¹The strategies emerge in my mind from extensive reading in the literature of psychotherapy (Psychoanalytic, Behavioral, and Humanistic Psychology) and from in-depth communication with five psychotherapists in Columbus, Ohio: Dr. Norman Brandes, Ms. Charlotte Cordial, Dr. William Galbreath, Dr. Peter Nims, and Dr. Jerry Stern. The therapists provided this researcher with information drawn from practices which are based upon analytic, behavioral, or humanistic theories and techniques. One seeking to journey into this literature can be enriched through studying the following books: Charles Brenner, M.D., An Elementary Textbook of Psychoanalysis. New York: International Universities Press, Inc., 1974; David Cohen, Psychologists on Psychology. New York: Taplinger Publishing Company, 1977; Gerald Corey, Theory and Practice of Counseling and Psychotherapy. Monterey, California: Brooks/Cole Publishing Co., Inc., 1977; Albert Ellis, Reason and Emotion in Psychotherapy. Secaucus, N.J.: The Citadel Press, 1977; Victor Frankl, Man's Search for Meaning: An Introduction to Logotherapy. New York: Simon and Schuster, 1959; Sheldon B. Kopp, Guru: Metaphors from a Psychotherapist. Palo Alto, California: Science and Behavior Books, 1971; Rollo May, Psychology and the Human Dilemma. New York: W. W. Norton Company, 1979; Calvin S. Hall, A Primer of Freudian Psychology. New York: New American Library, 1954; Calvin S. Hall & Vernon J. Nordby, A Primer of Jungian Psychology. New York: The New American Library, 1973; Karen Horney, New Ways in Psychoanalysis. New York: W. W. Norton Company, 1939; Karl Jaspers, The Nature of Psychotherapy: A Critical Appraisal. Chicago: The University of Chicago Press (Midway Reprint), 1976; David G. Martin, Introduction to Psychotherapy. Belmont, California: Brooks/Cole Publishing Company, 1971; Carl R. Rogers, On Becoming a Person: A Therapists View of Psychotherapy. Boston:

Houghton Mifflin Company, 1961; Paul Tillich, The Courage to Be. New Haven: Yale University Press, 1952; Alan Watts, Psychotherapy: East and West. New York: Random House (Vintage Books), 1961; Colin Wilson, New Pathways In Psychology: Maslow and the Post Freudian Revolution. New York: Taplinger Publishing Company, 1972.

⁵²Milton Rokeach, Beliefs, Attitudes and Values. San Francisco: Josey-Bass, 1967.

⁵³Norman Cousins, The Anatomy of an Illness as Perceived by the Patient. New York: W. W. Norton & Company, 1979, p. 69.

⁵⁴Jay Haley, The Strategy of Psychotherapy, pp. 68-85.

⁵⁵Albert Ellis, Humanistic Psychotherapy: The Rational-Emotive Approach.

⁵⁶See for example, Willard Gayland, M.D., Feelings: Our Vital Signs. New York: Harper & Row Publishers, 1979.

⁵⁷See for example, Arnold A. Hutschnecker, M.D., The Will to Live. New York: Cornerstone Library, 1974.

⁵⁸See Jerome Frank, Persuasion and Healing and Carl Rogers, On Becoming a Person: A Therapist's View of Psychotherapy. Both therapists write about such trusts giving it importance. Although psychotherapists do not use the term ethos, clearly the mind of the rhetorician who studies their writings sees that ethos is a rhetorical dimension important to their ideas about changing behavior.

⁵⁹Another useful treatment of feelings is in David Viscott, The Language of Feelings. New York: Arbor House, 1976. See especially pp. 19-33.

⁶⁰William Glasser, M.D., Reality Therapy: A New Approach to Psychiatry. New York: Harper & Row Publishers, 1965, pp. 36-41; Albert Ellis, Humanistic Psychotherapy, pp. 217-224; Jay Haley, Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson, M.D. New York: Ballentine Books, 1973, pp. 1-23.

⁶¹Theodore Rubin, Compassion and Self Hate. This point is an implied claim of Rubin's book.

⁶²Karl Wallace, "The Fundamentals of Rhetoric," in Edwin Black and Lloyd Bitzer, eds., The Province of Rhetoric. Englewood Cliffs: Prentice-Hall, Inc., 1972, p. 2.